GOVERNMENTAL AGENCY (Under Family Code, §§ 17400,17406):	FOR COURT HOS ONLY
COVERNMENT ENGEROR (SHOOT Palling) COOC, 33 17-700, 17-700).	FOR COURT USE ONLY
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TELEPHONE NO.:	
E-MAIL ADDRESS (Optional): FAX NO. (Optional):	
ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF]
STREET ADDRESS:	
MAILING ADDRESS:	
CITY AND ZIP CODE:	
BRANCH NAME:	
PETITIONER/PLAINTIFF:	
RESPONDENT/DEFENDANT:	
OTHER PARENT:	
STIPULATION AND ORDER	CASE NUMBER:
1. This matter proceeded as follows:	
a. By written stipulation without court appearance.	
b. By court hearing, appearances as follows:	
(1) Date: Dept.: Judicial officer:	
(2) Petitioner/plaintiff present Attorney present (name) (3) Respondent/defendant present Attorney present (name)	
(4) Other parent present Attorney present (name)	
(5) Local child support agency (Family Code, §§ 17400, 17406) by <i>(name):</i>	
(6) Other (specify):	
c. The parent ordered to pay support is the petitioner/plaintiff respondent/	defendant other parent.
2. This order is based on the attached documents (specify):	
3. The parties agree that:	
a. All orders previously made in this action remain in full force and effect except as specific actions.	cifically modified below.
b. The amount of support payable by the parent ordered to pay support as calculated u	•
We agree to guideline support.	Ç Permem
The guideline amount should be rebutted because of the following:	
(1) We have been fully informed of the guideline amount of support; we agree voluntarily to child support of	
\$ per month; the agreement is in the best interest of the children; the needs of the children will be met adequately by the agreed amount; the children are not receiving public assistance; no application	
for public assistance is pending; and application of the guideline wo	
We understand that if the order is below the guideline, no change o	
to raise this order to the guideline amount. If the order is above the required to modify this order.	guideline, a change of circumstances will be
(2) Other rebutting factors (specify):	
c. The attached computer printout shows the parents' incomes and percentage o	f time each parent spends with the children
The attached computer printout shows the parents incomes and percentage of the printout, which shows the calculation of child support payable, will become	
p shorts the saleshation of stille support payable, will be sold in	7
NOTICE: Any party required to pay child support must pay interest on overdue a currently 10 percent per year.	mounts at the legal rate, which is
currently to percent per year.	

FL-625 PETITIONER/PLAINTIFF: CASE NUMBER: RESPONDENT/DEFENDANT: OTHER PARENT: 3. d. The parent ordered to pay support must pay current child support as follows: Name of child Date of birth Monthly support amount Mandatory additional child support (a) The parent ordered to pay support must pay additional monthly support for reasonable child-care costs, as follows: per month of the costs. one-half or (specify amount): \$ Payments must be made to the ____ other parent ____ State Disbursement Unit ____ child-care provider. (b) The parent ordered to pay support must pay reasonable uninsured health-care costs for the children, as follows: one-half or % or (specify amount): \$ per month of the costs. Payments must be made to the _____ other parent ____ State Disbursement Unit ___ health-care provider. (2) Other (specify): For a total of \$ payable on the day of each month beginning (date): The low-income adjustment applies. The low-income adjustment does not apply because (specify reasons): (5) Any support ordered will continue until further order of court, unless terminated by operation of law. (6) As provided in Family Code section 4007.5, the obligation of the person ordered to pay support will be temporarily suspended for any period after the first 90 consecutive days in which the person ordered to pay support is incarcerated or involuntarily institutionalized, unless that person has the ability to pay support during that time or has committed certain crimes. Immediately after the person ordered to pay support is released from incarceration or involuntary institutionalization, the support order will restart in the same amount as it was before it was temporarily suspended. e. The parent ordered to pay support The parent receiving support must (1) provide and maintain health insurance coverage for the children if available at no or reasonable cost and keep the local child support agency informed of the availability of the coverage (the cost is presumed to be reasonable if it does not exceed 5% of gross income to add a child); (2) if health insurance is not available, provide coverage when it becomes available; (3) within 20 days of the local child support agency's request, complete and return a health insurance form; (4) provide to the local child support agency all information and forms necessary to obtain health-care services for the children; (5) present any claim to secure payment or reimbursement to the other parent or caretaker who incurs costs for health-care services for the children; and (6) assign

chiefly dependent upon the parent providing health insurance for support and maintenance.

any rights to reimbursement to the other parent or caretaker who incurs costs for health-care services for the children. The parent ordered to provide health insurance must seek continuation of coverage for the child after the child attains the age when the child is no longer considered eligible for coverage as a dependent under the insurance contract, if the child is incapable of self-sustaining employment because of a physically or mentally disabling injury, illness, or condition and is

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
3. f. The parent ordered to pay support owes support arrea (1) Child support: \$ Spot (2) Interest is not included and is not waived. (3) Payable: \$ on the beginning (date): (4) Interest accrues on the entire principal bala g. No provision of this judgment may operate to limit any right to and collect interest and penalties as allowed by law. All payr	day of each month nce owing and not on each installment as it becomes due. to collect the principal (total amount of unpaid support) or to charge
i. An Income Withholding for Support (form FL-195/OMB N	No. 0970-0154) will issue.
pay support must pay the fee charged by the private child su	g support and a private child support collector, the party ordered to pport collector. This fee must not exceed 33 1/3 percent of the total any fee charged by the private child support collector. The money hild support collector and the party receiving support, jointly.
 k. If "The parent ordered to pay support" box is checked in item <i>I</i>. The parents must notify the local child support agency in writ m. The <i>Notice of Rights and Responsibilities (Health-Care Costs Changing a Child Support Order</i> (form FL-192) is attached. n The following person (the "other parent") is added as a o Other (specify): 	ing within 10 days of any change in residence or employment. s and Reimbursement Procedures) and Information Sheet on
Date:	•
(TYPE OR PRINT NAME) Date:	(SIGNATURE OF ATTORNEY FOR LOCAL CHILD SUPPORT AGENCY)
(TYPE OR PRINT NAME)	(SIGNATURE OF PETITIONER)
Date:	•
(TYPE OR PRINT NAME) Date:	(SIGNATURE OF ATTORNEY FOR PETITIONER)
(TYPE OR PRINT NAME) Date:	(SIGNATURE OF RESPONDENT)
(TYPE OR PRINT NAME)	(SIGNATURE OF ATTORNEY FOR RESPONDENT)

FL-625 PETITIONER/PLAINTIFF: CASE NUMBER RESPONDENT/DEFENDANT: OTHER PARENT: Date: (TYPE OR PRINT NAME) (SIGNATURE OF OTHER PARENT) Date: (TYPE OR PRINT NAME) (SIGNATURE OF ATTORNEY FOR OTHER PARENT) **ORDER** 4. THE COURT SO ORDERS. Date: JUDICIAL OFFICER Number of pages attached: SIGNATURE FOLLOWS LAST ATTACHMENT DECLARATION OF PERSON PROVIDING INTERPRETATION/TRANSLATION: The party/parties indicated below is/are unable to read or understand this Stipulation and Order because (Insert name) _'s primary (Insert name) 's primary language is (specify): language is (specify): and he or she has has not read the form and he or she has has not read the form stipulation translated into this language. stipulation translated into this language. I certify under penalty of perjury under the laws of the State of California that I am competent to interpret or translate in the primary language indicated above and that I have, to the best of my ability, read to, interpreted for, or translated for the above-named party the Stipulation and Order in the party's primary language. The above-named party said he or she understood the terms of this Stipulation and Order before signing it. Date: Date: (TYPE OR PRINT NAME) (TYPE OR PRINT NAME)

(SIGNATURE)

(SIGNATURE)